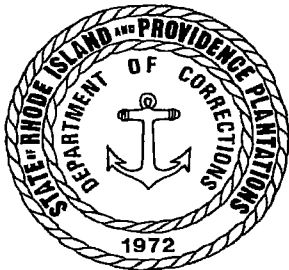
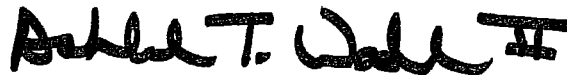


# RHODE ISLAND DEPARTMENT OF CORRECTIONS

## POLICY AND PROCEDURE

	<b>POLICY NUMBER:</b> 2.30-3 DOC	<b>EFFECTIVE DATE:</b> 03/12/12	<b>PAGE 1 OF 4</b>
	<b>SUPERCEDES:</b> 2.30-2 DOC	<b>DIRECTOR:</b> <span style="float: right;">Please use BLUE ink.</span> 	
<b>SECTION:</b> FISCAL MANAGEMENT		<b>SUBJECT:</b> PERSONAL PROPERTY CLAIMS FOR STAFF AND MEMBERS OF THE PUBLIC	
<b>AUTHORITY:</b> Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director			
<b>REFERENCES:</b> ACA Standard 4-4041, Institutional Insurance; RIDOC Policy #'s 2.15-1 DOC, Institutional Insurance Coverage; 13.10-1 DOC, Inmate Grievance Procedure; Office of Accounts and Control Policies/Procedures A-49, Payment of Claims; A-52, Risk Management Program - Third Party Incident/Event Management; RIGL § 22-7, Joint Committee on Accounts and Claims			
<b>INMATE / PUBLIC ACCESS?</b>		<b>X YES</b>	
<b>AVAILABLE IN SPANISH?</b>		<b>X NO</b>	

### I. PURPOSE:

To provide guidelines and procedures for staff and members of the public for the submission and payment of claims of damage or loss to personal property consistent with the Rhode Island Department of Administration's (DOA's) Office of Accounts and Control's Policies A-49 (Payment of Claims for Property Loss/Damage), A-52 (Risk Management Program - Third Party Incident/Event Management), and other applicable state laws.

### II. POLICY:

- A. RIDOC exercises its discretion under DOA's policies A-49 (Attachment 1), A-52 (Attachment 2), and applicable state laws relative to the payment of all valid claims of damage to or loss of personal property belonging to RIDOC employees and others.

- B. All claims pertaining to damage to or loss of personal property belonging to inmates are processed in accordance with policy #13.10-1 DOC, Inmate Grievance Procedure, or a successive policy.
- C. Fraudulent claims may result in discipline (if claimant is a RIDOC employee) and/or criminal charges being filed against the claimant.

### III. PROCEDURES:

#### A. Claim Guidelines

1. RIDOC may reimburse, through the Office of Accounts and Control, a party for claims of loss or damage to his/her personal property, reported within three (3) months [or within six (6) months in cases with compelling circumstances] of the damage/loss, as follows:
  - a. Up to \$100 for loss or damage to property by reason of the negligent operation by any employee and/or his/her agent of a state-owned (or leased) motor vehicle or other motorized equipment.
  - b. Up to \$500 for loss or damage to property by causes other than those listed above.

**NOTE:** The longer time lapse between the damage and the claim, the harder it may be to process the claim (e.g., receipts may be lost).

2. Any claim in excess of the above amounts is subject to the process and approval of the Joint Committee on Accounts and Claims outlined in Office of Accounts and Control policy/procedure A-49 (Attachment 1).
3. If any RIDOC employee receives an attorney claim letter alleging negligence as a result of an accident involving a State fleet vehicle, such letter shall be forwarded immediately to the RIDOC's Office of Legal Counsel. The Office of Legal Counsel will notify the State Risk Manager at the Department of Administration and RIDOC's Assistant Administrator - Financial Management.
4. Payment for damage or loss will be limited to the amounts set forth in Sections III.A.1. and III.A.2. of this policy.

5. Any authorized submission from a RIDOC employee for an item listed as a reimbursable expense in the employee's affiliated union contract, will be reimbursed at the stated rate in the union contract.
6. RIDOC is not responsible for any damage to an employee's privately owned vehicle due to road conditions at the Pastore Complex.

B. Processing of Claims

1. Any individual who wishes to file a claim of damage to or loss of personal property (hereinafter referred to as "claimant") must notify the senior manager of the building/property where the damage/loss occurred (hereinafter referred to as the "affected manager") (in writing) of any incident that results in damage to or loss of the claimant's property. When the damage has occurred outside of any facility, or where the manager of the property is otherwise unknown, the claimant notifies the Assistant Administrator - Financial Management or designee at the RIDOC Business Operations Unit.
2. The affected manager provides the claimant with the appropriate form, Report of Claim and/or Occurrence (Non-Auto) (Attachment 3) or Claimant's Report of Loss (Auto) (Attachment 4), which the claimant completes in full and returns to the affected manager with proof of payment by the claimant or a minimum of two (2) written estimate(s) obtained by the claimant (for the repair of damages or replacement of loss).

Proof of payment is the front and back of a canceled check, cash or credit card receipt, or a vendor's invoice billed to the claimant and marked "Paid".

3. The affected manager investigates the claim, submits the completed form (Attachment 3 or 4) and his/her Incident Report Form (Attachment 2 - last page), to include a conclusion/recommendation regarding the claim's validity to the Assistant Administrator - Financial Management at RIDOC's Central Business Office.

The affected manager's investigation/report should contain:

- a. substantial evidence supporting the claim;
- b. as much information as possible with respect to depreciated value and other factors impacting the validity of the claim.

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**NOTE:** The affected manager views the damaged property in question whenever possible.

c. written witness statements.

4. The Assistant Administrator – Financial Management or designee reviews the claim package for completeness (to include supporting documentation) and forwards the package to the Assistant Director of Administration.

**NOTE:** The Assistant Director of Administration may solely approve claims up to and including five hundred dollars (\$ 500) only.

a. If the claim package is incomplete, the Assistant Administrator – Financial Management or designee returns said package to the affected manager for completion.

b. No claim will be considered further if the investigation reveals the damage or loss was the result of the claimant's own negligence.

5. The claim and related paperwork are returned to the Assistant Administrator – Financial Management or designee.

a. If the claim is approved for payment, the Assistant Administrator – Financial Management or designee with an approved claim in accordance with the State of Rhode Island, Office of Accounts and Control policy/procedure A-49, Payment of Claims (Attachment 1).

**NOTE:** Prior to any employee's receiving payment for personal property damage/loss, s/he is required to sign a DOA, Office of Accounts and Control, Affidavit/Release form (Attachment 5).

b. If the claim is denied, the Assistant Administrator – Financial Management or designee returns a rejected claim and related paperwork to the claimant.

6. Appeal of a rejected claim or reductions from claim level would be through the Joint Committee on Accounts and Claims, to the attention of the Claims Examiner, for adjudication.

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**POLICY/PROCEDURE NUMBER**

**SUBSECTION**

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**POLICY / PROCEDURE  
PAYMENT OF CLAIMS FOR  
PROPERTY LOSS/DAMAGE**

**AMENDMENT / REVISION**  
May 1, 2011

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**A. Reimbursement Procedures**

1. The State may reimburse the property owner for loss or damage sustained to personal or real property in the following instances:
  - 1.1 The loss or damage sustained by the property owner results from an act, committed or omitted, by a state employee in the performance of their official duties (including the operation of any equipment that causes the loss or damage).
  - 1.2 The loss or damage is sustained by the property owner during the lawful operation by the property owner of a motor vehicle on a state-owned highway, road, bridge, etc.
  - 1.3 The loss or damage is sustained by the property owner during the conduct of normal business or recreation by the property owner while on state-owned property. The loss of personal property shall have occurred while this property is under the care, custody, or control of a state employee, or a duly authorized agent.
  - 1.4 The loss or damage is sustained by the property owner while the property owner is providing or assisting in the provision of authorized program services to state patients, wards, or inmates (employees, foster parents, volunteers).
  - 1.5 The claim for loss or damage is presented within two (2) years of occurrence or discovery.

PLEASE NOTE: The state's auto liability insurer will investigate and adjudicate all claims related to loss or damage resulting from operation of state-owned motor vehicles and off road equipment licensed for on road use. See related Paragraph 5.1 below.

This payment for damage shall be limited to an amount that is reasonable and necessary to restore the property to its normal use or its fair market value. The payment for loss shall be limited to the item's original cost.

2. The policy shall apply to reimbursement claims presented by both state employees and non-state employees as owners of property lost /or damaged.

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3. The policy shall apply to reimbursement claims whether or not the loss of, or damage to, the personal property occurred on state-owned property.
  4. The policy shall not apply in the following instances because 1) the merits of the claim have been previously adjudicated or 2) the claim does not involve loss or damage to real or personal property:
    - 4.1 When the claim has been adjudicated by a state or federal court and a court order to pay the claim is issued.
    - 4.2 When a specific act or resolve of the General Assembly authorizes payment of a claim(s).
    - 4.3 When a claim related to a dispute involving salary or wages and not to the loss or damage of real or personal property arising out of a union contract grievance or arbitration process settled through negotiation before an order to pay is issued by the hearing officer/arbitrator.
    - 4.4 When a claim related to a dispute involving salary or wages and not to the loss or damage of real or personal property has been adjudicated through a union contract grievance and/or arbitration process and an order to pay is issued by the hearing officer/arbitrator.
  5. The Office of Accounts and Control may reimburse the owner for claims for loss or damage to his real or personal property as follows:
    - 5.1 Up to \$100 for loss or damage to person or property by reason of the negligent operation by any officer or employee of a state-owned (or leased) motor vehicle or other motorized equipment (Section 35-6-40 of the General Laws).
    - 5.2 Up to \$300 for loss or damage to a person or property caused by a pothole on any state highway, causeway or bridge (Section 24-8-35 of the General Laws).
    - 5.3 Up to \$500 for loss or damage to a person or property by causes other than those listed above.
    - 5.4 Any claim in excess of the above amounts shall be submitted to the Joint Committee on Accounts and Claims.

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6. The Joint Committee on Accounts and Claims may reimburse the owner for claims for loss or damage to his personal property for claims in excess of the above amounts in accordance with Chapter 22-7 of the General Laws of Rhode Island. The Joint Committee may hear appeals of claims previously denied by a Department Director under these policies and procedures.

**B. Procedures for Payment of Claims**

1. The claim for reimbursement should be accompanied by proof of payment by the claimant (for the repair of damages or replacement of loss). Proof of payment is the front and back of a canceled check, a credit card receipt, or a vendor's invoice billed to the claimant and marked "Paid." If no proof is attached, and the state is to pay on the basis of an estimate(s), the payment shall be payable to the claimant and the vendor providing the estimate under the claimant's social security number. The claim shall take into account any other payments pending or received for the same incident.
2. All claims for bodily injury, regardless of the amount, shall be referred to the Joint Committee on Accounts and Claims for adjudication.
3. The director of the department or agency in which the employee (who caused the loss or damage) is employed shall determine that the claim is proper.
4. The claimant and the state department or agency director may stipulate and agree upon the amount and manner of making final disposition of the claim.
5. The director of the department having immediate charge of the claim requiring payment shall submit it for payment to the Office of Accounts and Control or to the Joint Committee on Accounts and Claims in accordance with the above policy.
  - 5.1 The claim payment shall be accompanied by the following record of the loss or damage: The date and time of occurrence (or at least the date), the name of the person presenting the claim, the nature or purpose of the claim, the amount of the claim, and the reason(s) for allowing payment.
  - 5.2 All stipulations and/or agreements regarding the claim and any subsequent payment shall be in writing and shall be signed by both the claimant and the department. (See Paragraph 5 under

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- Policy for limitation on reimbursement amount that can be authorized by a department/agency director.)
- 5.3 The claim payment shall be accompanied by a release from liability signed by the claimant.
- 5.4 Section 35-6-40 of the General Laws states that a payment up to \$100 only can be authorized by a department director for a claim of loss or damage to a person or property by reason of the negligent operation by any officer or employee of a motor vehicle or other motorized equipment owned by the state. The \$100 payment must be approved by the Attorney General and the Director of Administration.
- 5.4.1 Any claim settlement resulting from negligent operation of state-owned motor, or motorized vehicle shall comply with the record requirements of Paragraphs 6.1 through 6.4 under Procedures for Payment of Claims.
- 5.4.2 The department director having charge of the claim may authorize the Office of Accounts and Control to make payment for damages up to \$100, upon determination of the propriety of the claim. Any claim in excess of \$100 shall be submitted to the Joint Committee on Accounts and Claims for adjudication and settlement.
- 5.4.3 Definition of "motorized equipment": Any item of equipment that is operated or propelled by an internal combustion engine, i.e., motorized leaf blower, motorized lawn mower (riding or push type), automobile, backhoe equipment, truck, earth grader, etc.
- 5.5 Section 24-8-35 of the General Laws authorizes the Director of Transportation to adjudicate claims for damage to motor vehicles caused by a pothole on any state highway, causeway or bridge. The Director of Transportation can authorize payment for such damage up to \$300.
- 5.5.1 All claims shall be made within 7 days of the date the damage was sustained.



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- 5.5.2 All claims shall be submitted in a manner prescribed by the Director of Transportation.
  - 5.5.3 The Director of Transportation may authorize the Office of Accounts and Control to make payment for damages. (The Joint Committee on Accounts and Claims may delegate to the Director of Transportation its authority to adjudicate and settle a claim in excess of \$300.)
6. The Office of Accounts and Control will make payment to settle a claim under this policy that meets the following requirements.
- 6.1 The invoice voucher has been signed by the department/agency director as authorized agent.
  - 6.2 The claimant's report of claim or loss (completed and signed by the claimant) is attached.
  - 6.3 A signed and witnessed affidavit/release form is attached.
  - 6.4 A copy of proof of payment by the claimant is attached.

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1. **ESTABLISHMENT**

- 1.1 There is hereby established the Rhode Island Risk Management Program. Under this program each agency or other covered entity shall designate an individual or individuals to report incidents or occurrences that involve the state entity.

2. **FUNCTIONS OF THE AGENCY RISK MANAGEMENT PROGRAM**

- 2.1 Each agency Risk Management Program shall have assigned to it sufficient personnel to fulfill each of the following functions:
- 2.2 **Incident Scene Management**
- 2.2.1 General
- 2.2.2 The agency Division Manager or his/her designee shall be responsible for assuring that proper steps are taken at the scene of any third party incident to ensure the safety and security of personnel and property, and to otherwise manage the scene in the best interest of the state and the agency involved. The agency's Risk Management Coordinator, if available at the scene, will assist the Division Manager in ensuring that site safety and security is maintained. In the event the Division Manager or his/her designee is not immediately available at the scene, the Risk Management Coordinator will take charge of location safety until such time that supervisory staff arrives. Employees of all agencies and other covered entities must be informed and encouraged to promptly report any potential liability incident in which they might be involved, or which they might witness, to proper supervisory and security personnel.

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2.3 Reports by Witnesses

- 2.4 Any employee or officer of any agency or other covered entity who is involved in any potential incident, as a witness or otherwise, must immediately notify his or her immediate supervisor, as well as the security office or law enforcement officer with responsibility for the area where such incident occurs, if any. In case of any liability incident involving motor vehicles, the procedures as outlined in Article 3 shall also be followed.

3. REPORTING VEHICLE INCIDENTS

- 3.1 The operator of a vehicle involved in a reportable vehicle incident shall immediately notify the nearest, security office or law enforcement officer with responsibility for the area where such incident occurs unless incapacitated by injury to the extent that notification is impractical.
- 3.2 The operator shall remain at the scene until completion of all acts required by law or these rules to be performed at the scene, unless injuries sustained require treatment or other extenuating circumstances exist preventing the operator from remaining at the scene.
- 3.3 The operator shall fill out the Department of Transportation vehicle accident report as soon as reasonably possible. The original accident report is sent within 48 hours to State Fleet Operations (Fax 222-2599), and a copy is submitted to the drivers' department personnel office. Any incident involving a fatality, or serious bodily injury must be reported immediately to the Risk Management Unit at 222-6429 (Fax 222-2599) within one business day.

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**4. STATEMENTS BY PARTIES INVOLVED**

- 4.1 Employees or any agency or other covered entity whose conduct or performance of duty gives rise to a potential "liability claim" shall be required to cooperate in good faith with the defense of any claim which may be presented in connection with the "incident". Any such employee's cooperation shall include, but not be limited to refraining from making any statement or comment, or from executing any writing or document, concerning such incident, except as may be required by the employee's employer, union representative, authorized legal counsel, whether appointed by the state or privately secured, the Risk Management Unit, any law enforcement authority investigating the "incident" at the scene, or by statute unless the matter involved is one in which there is a legitimate public interest.
- 4.2 Any employee who is a witness to an "incident", but who did not commit or perform any act or omission contributing to the occurrence giving rise to the "incident" shall refrain from making any statement or comment or from executing any writing or document concerning such incident, except as may be required by the employee's employer, union representative, authorized legal counsel appointed by the state, the Risk Management Unit, or any law enforcement authority investigating the "incident" at the scene.

**5. INVESTIGATION**

- 5.1 The agency Risk Management Coordinator shall ensure that each incident involving the property or personnel of the agency or other covered entity is promptly investigated. Such investigation shall, at a minimum, involve ascertainment of the identities of all possible claimants and all known witnesses. A description of the occurrences giving rise to damages including the date, time, and location, shall be provided and an estimate of the possible amount of damages shall be made. The identification of a party or a witness shall include full name, address, home and business phone numbers, date of birth, social security number and brief summary of what is known or reported by such witness.

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6. **RECORDKEEPING**

- 6.1 The agency designee shall keep orderly records, organized as to be readily retrievable by date, location of incident and names of third parties potentially giving rise to liability, of each investigation of any third party incident. A unique identification number shall be assigned to each incident which may be used to specify the matter in any communications between the agency Risk Management Coordinator and the Risk Management Unit.

7. **REPORTING PROCEDURES: GENERAL AND/OR PROFESSIONAL LIABILITY**

- 7.1 The Agency Risk Management Coordinator shall:
- 7.2 Give telephone notice to the Risk Management Division
- 7.2.1 The agency Risk Management Coordinator shall give telephone notice of any third party incident to the Risk Management Unit within the Department of Administration not later than the next working day following the occurrence of any such incident.
- 7.3 Fill out "Incident Report Form."
- 7.3.1 The agency Risk Management Coordinator shall fill out and send to the Risk Management Unit, an incident report. This report should include but not be limited to the following information:
- 7.3.1.1 Time, date, and location of accident.
- 7.3.1.2 The Department involved.
- 7.3.1.3 A description of other property or vehicle, if any.

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- 7.3.1.4 The names of injured persons and the name of hospital(s) where such persons may receive treatment.
  - 7.3.1.5 The damage to the property, if any, and the property's location.
  - 7.3.1.6 The name of the investigating officer, if any.
  - 7.3.1.7 A brief description of the incident.
  - 7.3.1.8 The names, addresses and telephone numbers of all witnesses.
  - 7.4 Forward "Incident Report" form to the Risk Management Unit in care of the Department of Administration, One Capitol Hill, Providence (Fax 222-2599).
  - 7.5 Send informational material to the Risk Management Unit
    - 7.5.1 The agency Risk Management Coordinator shall complete all preliminary investigations following a liability incident and send a completed "Incident Report" form, if any and other pertinent information that is the result of a thorough investigation to:

Rhode Island Department of Administration  
Central Service Division / Risk Management Unit  
One Capitol Hill  
Providence, RI 02908-5850

**8. OBJECTIVE**

- 8.1 In filling out an Incident Report Form Report and filing it with the Risk Management Unit, neither the agency nor the state is accepting or claiming responsibility for events that may have occurred. The purpose for this reporting mechanism is to establish a format for identifying for risk management purposes incidents that may have occurred within state facilities or that involve state employees.

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8.2 Risk Management goals to be achieved via this reporting format will include: loss control, where applicable, for individual incidents, pattern and trend analysis and where appropriate expeditious claim handling.

**9. DEFINITIONS**

"Reportable Incident" is any untoward event which has or may, if circumstances had been different, resulted in injury or property damage to a business invitee, visitor or other third party. Separate employee accident investigation procedures should be used for the investigation of incidents involving injuries to employees.

**Pages 6 is a sample of the Incident Report Form.**

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**INCIDENT REPORT FORM**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
INJURY SUSTAINED/PROPERTY DAMAGE \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
LOCATION WHERE INCIDENT OCCURRED \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM PM \_\_\_\_\_  
WITNESS: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ STATE EMPLOYEE ☐ YES ☐ NO  
ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
VISITOR SOUGHT MEDICAL TREATMENT: ☐ YES ☐ NO ☐ UNKNOWN  
NAME OF TREATMENT FACILITY: \_\_\_\_\_

**TO BE FILLED OUT BY STATE EMPLOYEE:** Describe incident and circumstances . Include all pertinent information. Use additional paper if necessary .

Signature of Preparer: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

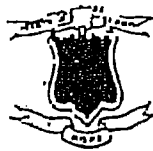
<u>Struck By/Against</u>	<u>Slip/Trip/Fall</u>	<u>Caught Between</u>
Equipment <input type="checkbox"/>	Floor <input type="checkbox"/>	Door and Frame <input type="checkbox"/>
Person <input type="checkbox"/>	Electrical Cord <input type="checkbox"/>	Equipment & Wall <input type="checkbox"/>
Falling Object <input type="checkbox"/>	Stairs <input type="checkbox"/>	Tool and Object <input type="checkbox"/>
Other <input type="checkbox"/>	Grounds <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>	

**SIGNATURE OF AGENCY OR DEPARTMENT DIRECTOR:** \_\_\_\_\_

Original To: State Risk Manager – Dept. of Admin./Central Services, One Capitol Hill, Providence, Rhode Island

Copy To: Department's Legal Counsel





OFFICE OF ACCOUNTS AND CONTROL  
REPORT OF CLAIM AND/OR OCCURRENCE (NON-AUTO)

NOTE: All claim forms must be filled out in complete detail to allow proper investigation

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

I am making claim for the following:

( ) Injury to Person (Give Name) \_\_\_\_\_

--- Address \_\_\_\_\_

( ) Damage to \_\_\_\_\_

Other \_\_\_\_\_

Nature of Injury or Damage \_\_\_\_\_

Describe Incident or Damage \_\_\_\_\_

(Use Another Sheet if Necessary)

Date of Injury/Accident \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM

Place \_\_\_\_\_

(Give City/Town, Street & No., Nearest Intersection or P.O. No.)

Did you notify the proper state agency or department at the time of incident? \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM

(Name and Location of Agency or Department)

(OVER)

Reported to Police \_\_\_\_\_ Date \_\_\_\_\_ Who Called \_\_\_\_\_

Hospital Where Taken \_\_\_\_\_ Doctor \_\_\_\_\_

Witnesses \_\_\_\_\_  
(Give Names and Addresses)

Was Insurance Claim Filed \_\_\_\_\_ What Company \_\_\_\_\_ Date \_\_\_\_\_

If property or motor vehicle damage claim, list name of property or automobile insurance company you have \_\_\_\_\_

If personal injury claim, list name of your health or accident insurance company (such as Blue Cross, Physicians Service, Medicare or private insurance plan, etc.) \_\_\_\_\_

List damage estimates, repair costs, medical bills, etc. Attach all copies.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Have you ever filed a claim against the State of Rhode Island Before? \_\_\_\_\_

If so, give dates and details \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE THE ABOVE LISTED INFORMATION IN THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Attorney (if any) \_\_\_\_\_  
Street City State Zip

Address \_\_\_\_\_  
Street City State Zip

NOTE: BE SURE TO ATTACH ALL DAMAGE ESTIMATES, REPAIR COSTS, BILLS, ETC.

State of Rhode Island and Providence Plantations



OFFICE OF ACCOUNTS AND CONTROL

CLAIMANT'S REPORT OF LOSS (AUTO)

ATTENTION: Your claim will be considered only when this report is properly completed AND estimates of cost or repairs or receipted bill is attached.

DATE 19\_\_

CLAIMANT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_  
(Owner of Damaged Property)

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No. and Street City State Zip

DESCRIPTION OF YOUR AUTOMOBILE (Show as Car No. 2 on Chart)

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Type \_\_\_\_\_ Registration No. \_\_\_\_\_ Mileage \_\_\_\_\_

Registered Owner \_\_\_\_\_ Address \_\_\_\_\_

Name of Driver \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Furnish Name of Insurance Co. at the Time of Incident \_\_\_\_\_ Policy No. \_\_\_\_\_

Did you report this incident to them? Check: Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated Cost of Repairs to your Car \$ \_\_\_\_\_ Car now at \_\_\_\_\_

PROPERTY DAMAGED OTHER THAN AUTOMOBILE

Describe Property \_\_\_\_\_

Estimated cost of Repairs or Replacement \$ \_\_\_\_\_ Location \_\_\_\_\_

WAS ANYONE INJURED? \_\_\_\_\_ IF SO, ANSWER THE FOLLOWING:  
[Yes or No]

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Describe Injuries \_\_\_\_\_ Medical Treatment Required \_\_\_\_\_

[Yes or No]

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Describe Injuries \_\_\_\_\_ Medical Treatment Required \_\_\_\_\_

[Yes or No]

LIST OCCUPANTS OF YOUR AUTOMOBILE:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

STATEMENT OF ACCIDENT - PLEASE answer every question

Accident Date \_\_\_\_\_, 19\_\_ Time \_\_\_\_\_ O'Clock \_\_M

Location of Accident \_\_\_\_\_

(Street or Highway) - (At or Near Cross Street or Town)

in \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Direction you were travelling? \_\_\_\_\_ What Street? \_\_\_\_\_ Speed? \_\_\_\_\_

Direction other car travelling? \_\_\_\_\_ What Street? \_\_\_\_\_ Speed? \_\_\_\_\_

Did either driver violate any traffic law? \_\_\_\_\_ Which Car? \_\_\_\_\_

Explain \_\_\_\_\_

Speed of each car as it entered the intersection? \_\_\_\_\_ Your Car \_\_\_\_\_ Other Car \_\_\_\_\_

Which car entered the intersection first? \_\_\_\_\_

(OVER)

Was the view of either driver obstructed? \_\_\_\_\_ Speed Limit at point of accident? \_\_\_\_\_  
Where was other car when you first saw it? \_\_\_\_\_

Where was your car at that time? \_\_\_\_\_

If at night, were lights burning on Your Car? \_\_\_\_\_ Head? \_\_\_\_\_ Tail? \_\_\_\_\_  
Other Car? \_\_\_\_\_ Head? \_\_\_\_\_ Tail? \_\_\_\_\_

Check weather conditions: Wet? \_\_\_\_\_ Dry? \_\_\_\_\_ Rain? \_\_\_\_\_ Fog? \_\_\_\_\_ Snow? \_\_\_\_\_

Length of skid marks left by your car? \_\_\_\_\_ Other car? \_\_\_\_\_

What did you say about accident? \_\_\_\_\_

What did other driver say about accident? \_\_\_\_\_

Was there any indication of intoxication? \_\_\_\_\_ In which car? \_\_\_\_\_

Date Accident Reported to Police Department \_\_\_\_\_

(NOTE: COPIES OF THE REGISTRATION OF THE VEHICLE INVOLVED AND THE POLICE REPORT MUST ACCOMPANY THIS SUBMISSION)

Name of Officer \_\_\_\_\_ What Station? \_\_\_\_\_ (City or Town) \_\_\_\_\_

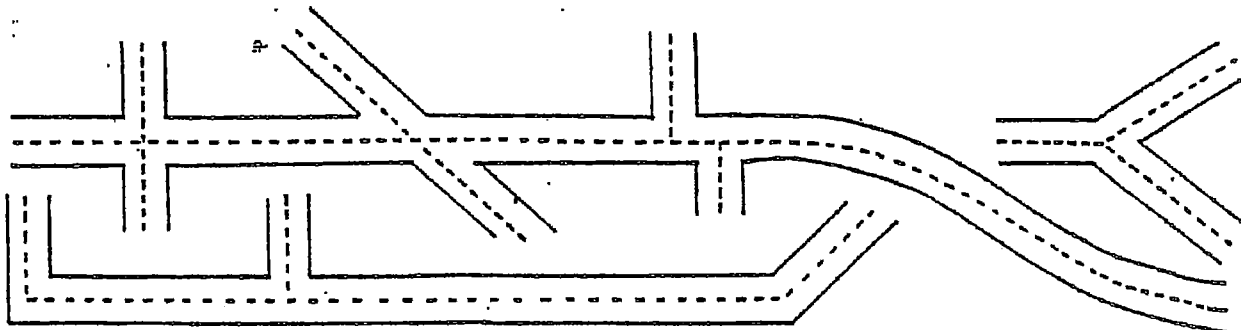
Either Driver Cited or Arrested? \_\_\_\_\_ You? \_\_\_\_\_ Other Driver? \_\_\_\_\_ Charges? \_\_\_\_\_

Date of Hearing \_\_\_\_\_ Place \_\_\_\_\_ Name of Judge \_\_\_\_\_

**IMPORTANT:** DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT OCCURRED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as **2** ; other car as **1** as the collision occurred.  
Show direction and distance traveled before crash by solid line thus: \_\_\_\_\_ Then at point of crash; third,  
positions and distance traveled after collision. Show distance and direction traveled after crash by dotted line  
thus: \_\_\_\_\_



Has your car been repaired? \_\_\_\_\_ If so, attached receipted bill; if not, attach estimate of repairs from  
two well-known garages.

This report must be signed by both owner and driver of vehicle.

SIGNATURE: Owner \_\_\_\_\_

Driver \_\_\_\_\_

State of Rhode Island and Providence Plantations

2.30-3 DOC  
Attachment 5  
Page 1 of 1



Department of Administration  
Office of Accounts and Control  
AFFIDAVIT/RELEASE

I, \_\_\_\_\_, the undersigned, being first duly sworn, on oath depose and say:  
(Print Claimant Name)

1. That for and in consideration of the delivery of a draft or check to the undersigned in the sum of \_\_\_\_\_ (\$ \_\_\_\_\_), receipt of which is hereby acknowledged, each of the undersigned does hereby release and forever discharge the State of Rhode Island and Providence Plantations, from all claims, demands, damages, actions or causes of action, whether on account of damage to property, bodily injuries or death, resulting or to result from an accident which occurred on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at or near \_\_\_\_\_

2. That neither I nor anyone on my behalf has received payment on said claim, nor do I expect to receive payment on said claim from any other source, and if I do receive any payment from any other source whatsoever, I shall immediately, without demand, reimburse the State of Rhode Island

3. That I have been made fully aware that the State of Rhode Island, its agents and servants, may continue to investigate the circumstances of this claim and in the event the State of Rhode Island becomes aware of facts not presently known to it whereby investigation by the Attorney General of the State of Rhode Island is warranted, then in the event the claim will be forwarded to the Attorney General of the State of Rhode Island for further action.

4. That it is understood and agreed that this is a FULL AND FINAL RELEASE in full compromise settlement of all claims of every nature and kind whatsoever, and releases all claims whether known or unknown, suspected or unsuspected.

Each of the undersigned states that this release has been carefully read by and is signed as the free act and deed of such undersigned, and that this settlement is the compromise of a doubtful claim and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS TO SIGNATURE:

READ BEFORE SIGNING BELOW

(1) \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
(Claimant signature)

(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Social Security #/or FEIN #